

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

FEE: \$100.00

**COSMETOLOGY, ELECTROLOGY,
ESTHETICS, NAIL TECHNOLOGY
APPLICATION FOR REVIEW OF A
CONTINUING EDUCATION PROGRAM**

SECTION A – Applicant's Name and Address (Please print your name and full address)

First:	Middle:	Last:
Address:	Street/PO/Route:	
City:	State:	Zip

Signature: _____

Date: _____ Telephone Number: _____

Program Category
(check all that apply):

- ☐ Cosmetology
☐ Electrology
☐ Esthetician
☐ Nail Technology
☐ Instructor

Check the appropriate response(s) ➡

- ☐ I am a licensee attending the program
☐ I am the presenter of the program
☐ I am the provider of the program

SECTION B – Sponsor/Provider Information

1	Name of Sponsor/ Provider:	Name:		
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

SECTION C – Program Information

1	Name of Program:			
2	Objective: Describe how this program relates to the definition of cosmetology, instructor, or esthetics (specify objectives for each category requested)			
3	Number of Clock Hours Requested for Approval (does NOT include time for breaks and meals):			
4	Location of Program:			
5	Date(s) of Program:			

NOTE: Please submit your application within sixty days prior to the program date in order to receive prior approval. This application may take up to thirty days to process from the date of receipt of the application. After the Board has granted it's **written approval** of the application, the provider is entitled to state upon it's publications: THIS PROGRAM IS APPROVED FOR _____ (number) NEBRASKA CONTINUING EDUCATION HOURS IN _____ (category).

BOARD DECISION:	
<input type="checkbox"/> Approved _____ hours credit	
<input type="checkbox"/> Denied, Reason: _____	
_____ (Signature of Reviewer)	_____ (Date)

SECTION D – Program Agenda

➡ A copy of the program **agenda must be attached** to this request that includes the following information:

- Name of program
- Number of hours requested
- Start and end times of each subject
- Start and end time of all breaks and lunch/dinner
- Date(s) of program

SECTION E – Method of Program Attendance Verification

➡ **Attach** a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the. This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

Describe the record keeping process the provider uses to verify attendance by the licensees. (Records must be kept at least 3 years)

SECTION F - Program Monitoring: Indicate the method for monitoring and verifying attendance

- ☐ Sign-in/out sheet
- ☐ Monitor at the door
- ☐ Other, Explain:

SECTION G – Presenter/Instructor Information

➡ **Presenter/Instructor #1:** (List below name, education, experience and/or training **that qualifies the individual to present this program**)

First/Middle/Last Name:

License Information

License #:

Profession:

Guest Artist #:

State of Licensure:

EDUCATION - Name of Educational Institutions:

EXPERIENCE - Type and Nature of Experience:

TRAINING - Name of Training Entities:

Additional presenter/instructor space continued on next page

➡ Presenter/Instructor #2: (List below name, education, experience and/or training that qualifies the individual to present this program)			
First/Middle/Last Name:			
License Information	License #:	Profession:	Guest Artist #:
	State of Licensure:		
EDUCATION - Name of Educational Institutions:			
EXPERIENCE - Type and Nature of Experience:			
TRAINING - Name of Training Entities:			
➡ Presenter/Instructor #3: (List below name, education, experience and/or training that qualifies the individual to present this program)			
First/Middle/Last Name:			
License Information	License #:	Profession:	Guest Artist #:
	State of Licensure:		
EDUCATION - Name of Educational Institutions:			
EXPERIENCE - Type and Nature of Experience:			
TRAINING - Name of Training Entities:			